

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213505701

1.) CORPORATION NAME:

DUE DATE: **3/31/2013****Travelers Distribution Alliance, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1286279****CORPORATION SERVICE COMPANY****Bank of America Center, 16th Floor****1111 East Main Street**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE TOWER SQUARE

CITY/ST/ZIP: HARTFORD, CT 06183

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: PHILIP J KENYON
TITLE: PRESIDENT
ADDRESS: ONE TOWER SQUARE
CITY/ST/ZIP/CO: HARTFORD, CT 06183

☒

OFFICER

☐

DIRECTOR

NAME: MARK MASTRIANNI
TITLE: VICE PRESIDENT
ADDRESS: ONE TOWER SQUARE
CITY/ST/ZIP/CO: HARTFORD, CT 06183

☒

OFFICER

☐

DIRECTOR

NAME: SHEILA M BROWN
TITLE: TREASURER
ADDRESS: 385 WASHINGTON STREET
CITY/ST/ZIP/CO: ST. PAUL, MN 55102

☒

OFFICER

☐

DIRECTOR

NAME: WENDY SKJERVEN
TITLE: SECRETARY
ADDRESS: 385 WASHINGTON ST
CITY/ST/ZIP/CO: ST PAUL, MN 55102

☒

OFFICER

☐

DIRECTOR

NAME: JAY S BENET
TITLE: DIRECTOR
ADDRESS: ONE TOWER SQUARE
CITY/ST/ZIP/CO: HARTFORD, CT 06183

☐

OFFICER

☒

DIRECTOR

NAME: LYNNE GRINSELL
TITLE: ASST SECRETARY
ADDRESS: ONE TOWER SQUARE
CITY/ST/ZIP/CO: HARTFORD, CT 06183

☒

OFFICER

☐

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW S FURMAN DIRECTOR 485 LEXINGTON AVENUE NEW YORK CITY, NY 10017	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW S FURMAN ASST SECRETARY 485 LEXINGTON AVENUE NEW YORK CITY, NY 10017	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GUY GRAFF VICE PRESIDENT ONE TOWER SQUARE HARTFORD, CT 06183	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARRY J MILLS ASST TREASURER 385 WASHINGTON STREET ST. PAUL, MN 55102	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	REBECCA BOYD MARKETING, ASST 1101 CORRIDOR PARK BOULEVARD KNOXVILLE, TN 37932	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY C TOCZYDLOWSKI DIRECTOR ONE TOWER SQUARE HARTFORD, CT 06183	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ LYNNE GRINSELL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LYNNE GRINSELL, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	2/1/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			